CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) JOHN GEORGE BECKFOLD Name	OFFICE USE ONLY						
(2) 3414 HONTHER TORRACE	RECEIVED						
Address (number and street) LAUDOLHILL FL 33319	13 2017						
City, State, Zip Code	CITY CLERK'S OFFICE						
Check here if address has changed	(3) ID Number:						
(4) Check appropriate box(es):	d- Con was and Sout 1						
☐ Candidate Office Sought: ☐ Political Committee (PC)	City carmission (x - sun x						
☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an	☐ Check here if PC or ECO has disbanded ☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed						
individual making electioneering communications)							
(5) Report	Identifiers						
<u> </u>	<u>Ø / 31 / </u> Report Type: <u>∂oi? Mig</u>						
☐ Original ☐ Amendment ☐ Spe	ecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
Cash & Checks \$,, 50.00	Monetary Expenditures \$,,						
Loans \$,,	Transfers to Office Account \$, , , , , , , , , , , , , , , , , ,						
Total Monetary \$, [50.070]	Total Monetary \$						
In-Kind \$, , ·	(O) Other Distributions						
	(8) Other Distributions						
(9) TOTAL Monetary Contributions To Date \$	(10) TOTAL Monetary Expenditures To Date \$,32145						
(11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)							
/ I certify that I have examined this report and it is true, com	rect, and complete:						
(Type name) CT DECLETORS Deputy Treasurer	(Type name) 10th GODGE DECKOS) Candidate Chairperson (only for PC and PTY)						
or electioneering comm.)	L 1 000						
x Freels	x / Beck						
DS-DE 12 (Rev. 11/13)	Signature SEE REVERSE FOR INSTRUCTIONS						
DO-DE 16 (NEV. 11110)							

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name JOHN GEORGE BECKFORD (2) I.D. Number								
(3) Cover Period 10 101 117 through 10 131 117 (4) Page 1 of 1								
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)	
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code		contributor Occupation	Contribution Type	In-kind Description	Amendment	Amount	
to,26,17	RUTHVEN WILLIAM 18425 MW 2 AVE MIAMI FL 33169	ps I	RETURED	CHE	_	-	\$150.00	
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1 1	- Angeles (America)							
<i>I I</i>				and the second s				
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1 1				-	and the same of th	-mandadoren -	-	

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(5) Date	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
10 BI/17	TD BANK 1701 ROUTE TO EAST CHORRY HILL NT 08034	BANK STATEMONT FEE	CAN		‡ 1,00
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//		Specimen * *		_	_
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